Policy: Wellbeing
Treatment Culture Shift

Executive Summary

The Division of Comprehensive Psychiatric Services (CPS) of the Department of Mental Health (DMH) is adopting a Wellbeing Culture as the preferred milieu for all treatment services provided. (Clarification between Wellness and Wellbeing is included.) CPS and its providers will be united in focusing on recovery/resilience [1](resilience included for better connection with children and youth) as the ultimate goal of all treatment services delivered. Recovery/resilience is individual in nature, defined according to each person's way of life, for behavioral health just as it is for physical health needs. To be consistent with other CPS initiatives and mindful of evidence-based care, recognition of the role of (1) engagement and (2) trauma[2] and the damage it can render across an individual's lifespan, are paramount in operationalizing self-directed recovery. The footnotes provided are for the purpose of defining the terminology used in this policy to reduce assumptions or lack of them of the intended scope of this policy.

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[1] *Recovery/resilience in this policy is considered interchangeable with Wellbeing/wellness in that recovery/resilience is the ultimate outcome as chosen by individuals receiving treatment services from DMH/CPS. "The goal of treatment here is assisting people in gaining greater control of their lives and assisting them in regaining valued roles in society. In contrast to the Rehabilitation View of Recovery, people who have recovered from mental illness have an empowering view that full recovery is possible for everybody. According to this Empowerment Vision, people are labeled with mental illness through a combination of severe emotional distress and insufficient social supports/resources/coping skills to maintain the major social role expected of them during that phase in their life. The psychosocial nature of mental illness is highlighted by the common experience most consumer/survivors have gone through of having had a variety of diagnoses. In fact, the degree of interruption in a person's social role is more important in affixing the label mental illness to someone than their diagnosis. Recovery is possible through a combination of supports needed to (re)establish a major social role and the self-management skills needed to take control of the major decisions affecting one. This combination of social supports and self-management help the person regain membership in society and regain the sense of being a whole person. Self-help and peer support are fundamental elements in this journey of recovery because often the only people who can truly understand the feeling of exclusion are those who have also been labeled . . . Larry Davidson, a Yale researcher on recovery from severe mental illness, has examined the data and found that "Our research shows . . . You take a person with a mental illness, you then reduce the discrimination and stigma against them, increase their social roles and participation, which provides them a reason to get better in the first place, and then you provide treatment and support. The issue is not so much making them normal but helping them get their lives back." (Charles Barber, Washington Post, February 10, 2008)*

[2] *Regardless of source of trauma, the experience has four common traits: 1. Unexpected, 2. Psychologically overwhelming, 3. Person unprepared or unable to cope, 4. Nothing the person felt they could do to prevent or mitigate it. Not as much the event as the subjective experience of the person to the event.*

Defining the model of Wellbeing CPS has chosen as its Culture is the purpose of this policy statement. With this policy, the Division:

- *Clarifies for all stakeholders the implications of a move to a Wellbeing Culture;*
- *Outlines the dimensions within the definition;*
- *Provides examples of treatment approaches for potential outcomes and/or expectations;*
- *Describes the oversight process for implementation; and,*
- *Identifies potential consultation and technical assistance to facilitate the transition.*

This policy is not the usual "policy" initiated by the Division. Wellbeing is a broad subject and will take as many forms as there are people involved. Engaging and empowering individuals to take control of their lives and treatment approach, while supporting them in an individual style, is activity that a policy is unable to dictate. This policy is an attempt to define where the Division wishes to move the treatment culture, approach and environment.

The dimensions named in the policy are meant to be an umbrella for all the areas in a person's life they might wish to address, e.g., obesity, smoking cessation under "Physical", being involved in the community, developing personal relationships, or gaining community contact, versus only connections with the treatment system under "Positive Relations with Others", employment or meaningful activities under "Environmental Mastery-Occupational", etc.

A more difficult task in moving a treatment culture forward is learning to relate on the level of humanity versus compliance. The focus is on the commonalities of individuals, empathy, cooperation, problem-solving, trust building, conflict resolving, and elimination of stereotyping. At core, whether a traditional 'treater' or 'treatee', each of us begin at the same place with the same basic needs which is our common humanity. We begin with the basic needs at the base of

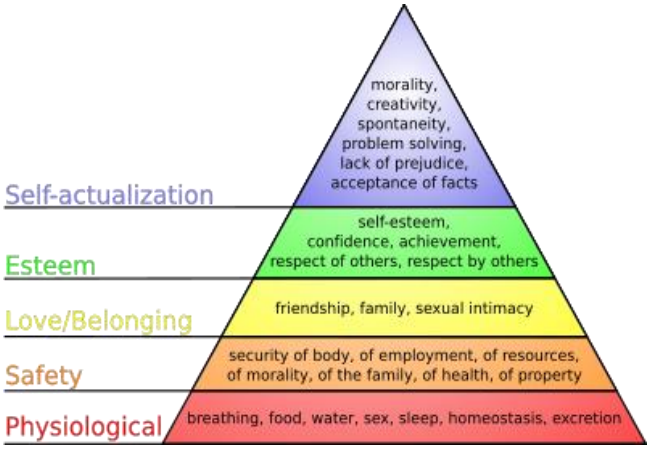

Diagram 1—Maslow's hierarchy of needs

the Maslow hierarchy of needs triangle presented in diagram 1 and move at our own pace up the triangle. It is a steep walk! It is more difficult when the first and/or second levels are lacking

or absent. Diagram 2 is a depiction of the "Mental Health Client PYRAMID OF WELLBEING"[3] from Jean Campbell's work in the late 1980's. It skillfully depicts the challenges and supports linked to both the positive and negative aspects of living with mental illness. Each of us has to determine what level of help we need to reach our individual goals. This is where the dimensions are meant to be a guide for this movement. It is critical in reviewing these triangles to note problem solving, accepting of fact, confidence, etc. are issues that are higher on the pyramid than security of body, of employment, of health, of resources.

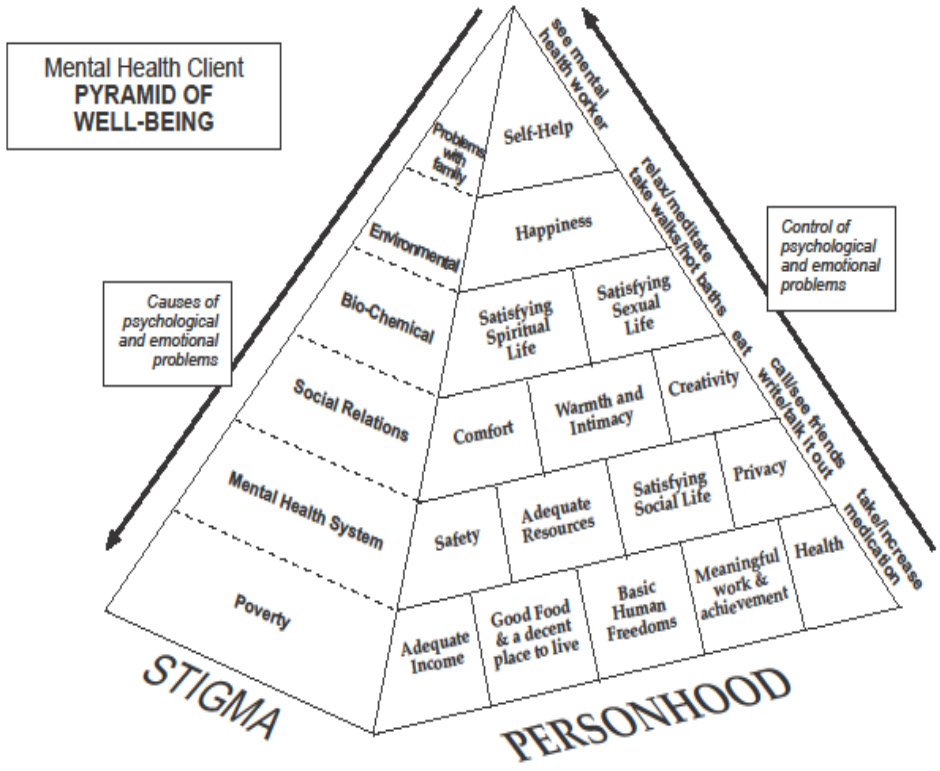

Diagram 2—Mental Health Client PYRAMID OF WELL-BEING

[3] *Campbell Ph. D., Jean, Schraiber, Ron: THE WELLBEINGWELLBEING PROJECT: Mental Health Clients Speak for Themselves, a Report of a Survey Conducted for the California Department of Mental Health, Office of Prevention, summer 1989, p. 181.*

At the outset of implementing the idea of this policy, the first outcome will be that of empowering the person/families served in the system.[4] *That is the culture shift for most of us. The exact methods to accomplish this will be a cooperative effort with people/families served, providers, and the division. This policy will be a living document to reflect what an effective individual treatment plan (one that actually changes how an individual/ family lives) must be in a well- being culture.*

DEFINITION

According to the Inner IDEA[5] *web site, during the 1960s Halbert L. Dunn [a physician] first used the term* ***Wellbeing*** *in referencing a lifestyle approach that pursued elevated states of physical and psychological well-being. One operational definition for Wellbeing is "a healthy balance of the mind-body and spirit that results in an overall feeling of well-being." Wellness is a term that can evoke feelings of needing to* ***comply*** *with created criteria. Wellbeing, on the other hand, is a term that means a good, healthy, comfortable state. The CPS shift to a treatment culture of* ***Wellbeing*** *will focus on a treatment approach which balances* ***SAFETY, EFFECTIVENESS****,* ***EFFICIENCY****, and* ***TIMELINESS*** *while maintaining a* ***person-centered*** *orientation.* ***Wellbeing*** *seems to relate the true meaning/approach sought. It may be a slight challenge to use terminology differently than today's current "buzz" word. We believe the challenge is worth the effort if we say what we really mean.*

Carol Ryff simply defines Wellbeing as positive psychological functioning. Dr. Ryff's observation: ". . . the meanings of basic terms, such as mental health, are negatively biased---typical usage equates health with ***the absence of illness*** *rather than* ***the presence of wellness****. Such formulations ignore human capacities and needs for flourishing as well as the protective features associated with being well."*[6]

Everyone has the right to expect choices and the responsibility to follow through on choices as they move forward to live their life. Often professionals have been taught or have been expected to take the lead in determining "what is best" for a person/family in terms of recovery/resilience. The literature documents that professional behavior has the potential to help or hinder recovery. Within a Wellbeing culture, professionals must partner with the individual/family in recovery to define the necessary steps in treatment and the choices of

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[4] *Listening to what is said, building self-esteem and self-confidence, giving hope and believing people can be in control of their life and succeed, believing people understand themselves better than anyone, letting go and allowing personal responsibility and self advocacy, giving and getting support, etc.*

[5] www.inneridea.com

[6] *Ryff, Carol D., Singer, Burton: Psychological Well-Being: Meaning, Measurement, and Implications for Psychotherapy Research. Psychotherapy and Psychosomatics, 1996;65:14-23.*

treatment to move forward. It is also never to be forgotten that some people may not choose the route of recovery. People are well capable of letting this life approach be known. This is a personal choice. People living with mental illness may move "from hopelessness, powerlessness, and an illness-dominated sense of self. Professionals can respond [need to be aware and prepared] to be able to effectively communicate hope, help people develop the skills and knowledge needed for personal responsibility for health, and support people's efforts to get on with life beyond illness."[7] This kind of partnership energizes each party. It enhances the engagement. It can also clarify the journey dynamics when one wants to move in a different direction.

Division and provider staff are to be included as critical factors for success. According to Donald M. Linhorst, "The empowerment of staff is included in the discussion of culture because staff is more likely to adopt values, beliefs, and behaviors supportive of empowerment when they, themselves are empowered within organizations. . . . Staff empowerment should be an end in itself because of the benefits to the organization that result from staff involvement in decision making."[8]

The CPS transition to a Wellbeing Culture emphasizes that recovery must be based on an individual/families making choices about his/her/their life – not simply implementing choices made by professionals. Wellbeing is about the tenacity of the human spirit and learning how to reach past challenges and limitations to find joy. . Improving the Missouri system of mental health services mandates tapping the knowledge of the people and families who have lived the mental illness experience.

A belief in choice versus coercion is essential in a Wellbeing culture. Compulsion/force is only appropriate when the safety of self and/or others is at stake. Person Centered Treatment Planning is the appropriate tool for use in this system for those times. It creates the opportunity for people to direct the course of treatment by anticipating the time when symptoms make choices unworkable. They are able to remain in the driver's seat directing their treatment.

Providers, Consumers, Families and other stakeholders are included in this discussion. Mark Ragins, MD, specifically presented "Creating a Recovery Organization---Attitudes, Competencies, and Rules," to aide in this discussion. Contrasts were drawn between illness centered and person centered treatment, Medical Model, Rehabilitation Model and Recovery Model during Dr. Ragins' presentation. Further, his statement regarding recovery as ". . . the

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[7] *Sowers, MD, Wesley : Transforming Systems of Care: The American Association of Community Psychiatrists Guidelines for Recovery Oriented Services: Community Mental Health Journal, Vol.41, No.1, February 2005 , DOI: 10.1007/s10597-005-2608-2.*

[8] *Linhorst, Donald M., Empowering People With Severe Mental Illness, A Practical Guide, Oxford University Press, 2006, p. 85.*

approach that can make the dream of deinstitutionalization a successful reality" [9] *is not without his recognition that some people choose to avoid services or are receiving services in institutional environments.*

Recovery is a focus on building lives, not just treating illnesses. Looking at the following dimensions of a Wellbeing culture, many communities readily have what we "normally" think of as access to all the dimensions. Rather than be concerned about areas we do not believe we have, we need to ask each person what it is they want and look to each individual community for that resource. No provider can be all things to all people. The outcomes are not based on level or availability of resources. Rather, outcomes are based on the principles of humanity and the processes used to aide people in getting where they would like to be. For all of us, outcomes are a journey, occupying the length and breadth of our lives, and requiring equal measures of grace and patience

DIMENSIONS

The following are the six (6) dimensions contributing to psychological Wellbeing, adapted from Carol Ryff's research previously noted. Given the need to more fully integrate psychological wellness into overall Wellbeing, a seventh dimension – the physical - is included, and is consistent with mind and body connection that has a long research history and is well established in the professional literature. McEwen and Stellar suggest that [paraphrase] "the strain on multiple organs and tissues resulting from repeated fluctuations in physiological response to threat leads to organ-system breakdown, compromised immune response, elevated cortisol and insulin secretion, and thereby to disease."[10] *Dr. Ryff pulls this body/mind discussion together, challenging us to be innovative in a shifting of treatment focus to cultivate positive human experience, which in turn, has its own healing chain of events. Focus on the quality of these dimensions put in motion the protective factors and enhancements of the human being. These are not meant to be definitive. They are not presented to insinuate a mandatory need to address all dimensions. People make their own choice, at any given time, as to what they are interested in pursuing. People may be comfortable in one or more of the dimensions and choose not to attend to other areas. This is meant as only a guideline for thinking through possibilities. Each dimension has room for additions and individualized changes. The format begins with goals and moves to sample objectives.*

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[9] *Ragins, MD, Mark: Creating a Recovery Organization---Attitudes, Competencies, and Rules. The National Council for Community Behavioral Healthcare (www.nccbh.org). March, 2007.*

[10] *McEwen BS, Stellar E: Stress and the individual. Arch Intern Med 1993;153:2093-2101.*

Physical

GOALS

- *Preventative physical health care*
- *Ability to receive appropriate, effective healthcare during emergency*
- *Knowledge of available healthcare resources*
- *Optimal physical functioning*

OBJECTIVES

- *Have access to physical care for preventative, emergency, illness, diagnostic, and treatment purposes. This would include eye care and dental care, OT, PT, Speech, etc...*
- *Gather resources and educational information regarding healthy lifestyle approaches.*
- *Know where to get support and resources for smoking cessation.*
- *Have access to nutritional information and weight loss support, if requested. Learn what foods and beverages enhance good health rather than impair it.*
- *Recognize the need for regular physical activity. Personally understand it feels better to be physically fit than out of shape.*
- *Be able to monitor your own vital signs and understand your body's warning signs.*
- *Accept personal responsibility and care for minor illnesses, yet know when professional medical attention is needed.*
- *Realize that the physical benefits of looking as good as possible and feeling terrific physically most often lead to the psychological benefits of enhanced self-esteem, self-control, determination and a sense of direction.*

Positive Relations with Others

GOALS

- *Warm satisfying, trusting relationships with others*
- *Concern about the welfare of others*

Capacity for empathy, affection and intimacy

- *Knowledge of the give and take of human relationships*
- *Personal values and beliefs without undue persuasion from peers or professions*

OBJECTIVES

- *Learn what resources are available in our community to contribute to social connections.*

- *Either learn or share personal skills that build on our ability to develop positive relationships.*
- *Choose those social supports that best reflect personal goals.*

Recognize the interdependence between humanity and nature.

- *Learn to live in harmony with others and our environment, rather than to live in conflict.*
- *Learn to use resources and supports to enjoy leisure activities that compliment special interests. Have fun!*
- *Ponder the meaning of life and be tolerant of the beliefs of others, rather than be close-minded and intolerant.*
- *Focus on maintaining satisfying relationships with others.*

Purpose in Life

GOALS

- *Goals that provide a sense of direction*
- *Beliefs that give life meaning and purpose*
- *The capacity to connect past, present and future*
- *Aims and objectives for living*

OBJECTIVES

- *Learn how to feel connected to self and others.*
- *Learn how to find purpose in life and meaning in day to day existence and activities.*
- *Capture HOPE*
- *to develop and build a philosophy of life that is meaningful and purposeful.*
- *Learn that to bring meaning to existence requires the experience of feelings of doubt, despair, fear, disappointment, as well as, the feelings of pleasure, joy, happiness and discovery.*
- *Understand what it is to be tolerant of others beliefs while appreciating our own.*
- *Live each day consistent with one's personal beliefs.*
- *Become more aware of one's personal importance to society, as well as the impact on the multiple environments in which one operates.*
- *Take on an active part in improving one's world by encouraging healthier living and initiating better communication with others.*
- *Learn to contribute to the common welfare of the community, rather than to think only of oneself.*

Self-Acceptance

GOALS

- *Positive attitude toward self*
- *Recognition of the multiple aspects of self and their good and bad qualities*
- *Recognition of the multiple aspects of others and their good and bad qualities*
- *Optimism— belief in self and others*

OBJECTIVES

- *Learn to recognize when emotions are affecting the body.*
- *Express needs, feelings, and opinions appropriately.*
- *Talk to a trusted friend, family or support person to be able to vent.*
- *Talk to a trusted friend, family or support person to be able to check validity of thought processes .*
- *Use humor to defuse negative thoughts or situations.*
- *Write down thoughts to help relieve stress.*
- *Learn how to take on challenges, to take risks, and to recognize conflict as being potentially healthy.*

Autonomy

GOALS

- *Self-determination*
- *Independence*
- *Ability to resist social pressures to think and act in certain ways*
- *Self-Regulation*
- *Evaluation by personal standards*

OBJECTIVES

- *Determine personally one's academic, personal, and professional goals.*
- *Determine those things that foster relaxation and implement a plan to do them.*
- *Be open to opportunities that may offer different experiences.*

- *Learn your potential for different skills and knowledge and discover the potential for sharing one's gifts with others.*
- *Explore issues related to problem solving, creativity, and learning.*
- *Stretch and challenge the mind with intellectual and creative pursuits that are of interest.*

Environmental Mastery

GOALS

- *Mastery and competence in managing the environment*
- *Control of a complex array of external activities*
- *Effective use of surrounding opportunities*
- *Ability to choose or create options consistent with personal needs and values*

(A)Housing

OBJECTIVES

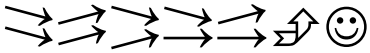
- *Focus on the type of home (place of living) preferred.*
- *Enlist support from peers and from others in learning the possibilities.*
- *Spend time thinking about the skills needed to maintain the preferred choice of living place.*
- *Develop the skills needed to talk with those who will facilitate the preferred choice of living place.*
- *Develop a plan with the steps required to get to the preferred choice of living place.*
- *Maintain a home that is as clean and safe as possible.*
- *Make one's home as welcoming as possible.*

(B) Occupational

OBJECTIVES

- *Focus on the type of work or volunteer activity that provides a sense of enrichment, meaning and personal satisfaction, and that takes advantages of one's unique gifts, skills and talents, recognizing that volunteerism or work in an important component of personal direction.*
- *Enlist support from peers and from others in learning the possibilities.*
- *Spend time thinking about the skills needed to obtain the preferred work or volunteer activity.*
- *Develop the skills needed to talk with those who will facilitate the preferred work or volunteer activity.*
- *Develop a plan with the steps required to get to the preferred work or volunteer activity.*

Personal Growth



GOALS

- *Commitment to continued personal development*
- *Capacity for growth and expansion*
- *Openness to new experiences*
- *Ability to realize personal potential*
- *Ability to acknowledge improvement in self and behavior over time*
- *Flexibility and capacity for self-knowledge*

OBJECTIVES

- *Spend time pursuing personal interests by reading books, magazines, and newspapers or listening to tapes, CDs, etc., while keeping up on current issues and ideas.*
- *Learn to identify potential problems and choose appropriate courses of action based on available information rather than wait, worry and postpone solutions.*
- *Learn to manage feelings and related behaviors and develop strategies to cope effectively with stress.*
- *Develop strategies to compensate for limitations and work realistically toward one's dreams,*
- *Learn how to manage life in personally rewarding ways, and take responsibility for one's actions to see life as an exciting, hopeful adventure.*

EXAMPLES OF APPROACHES

CPS is shifting all service delivery to either EVIDENCE BASED or BEST/PROMISING PRACTICES. This involves identifying those practices that have been scientifically demonstrated to produce the best outcomes and implementing them (MOVING SCIENCE TO PRACTICE), as well as identifying those practices that have been identified by professionals and consumers as having the greatest promise and submitting them to scientific scrutiny (MOVING PRACTICE TO SCIENCE).. The area of Wellbeing and recovery will not be different. In the area of recovery, there are many approaches. Patricia Deegan talked about recovery as a process and an attitude.[11] Recovery goes beyond services. It is a PHILOSOPHY with a broader mission which includes the decrease of stigma (both internal and external), counter-discrimination, addressing poverty, cultivation of self-help, advancement of social justice and making available multiple

[11] *Deegan, P.E. (1988). Recovery: The lived experience of rehabilitation. Psychosocial Rehabilitation, 11(4), 11-19.*

avenues to Wellbeing. ***Tried and tested services known to produce specific outcomes will enhance Wellbeing.*** *The whole process, delivered through our* ***mutual humanity and respect****, opens doors of healing for people who are able to move forward, set goals and accomplish life dreams.* ***TREATMENT SERVICES*** *are the tools that support people in healing, growing, gaining skills and moving on to a life they choose. Recovery/resilience based Wellbeing* ***combines*** *treatment services with process. The more effectively and efficiently this process is completed, the more evidence there is to decrease stigma, to counter discrimination and all the other ills that people have had to endure only because they were diagnosed with a psychiatric illness rather than a physical illness.*

Assertive Community Treatment (ACT) *is an evidenced based program (EBP). ACT and its variations are among the most widely and intensively studied intervention approaches in community mental health, with an explicit mission to promote the participants' independence, rehabilitation, and recovery, while also preventing homelessness and unnecessary hospitalization. It supports the individual's needs and preferences. This treatment service is well defined and can be assessed for outcomes.*

Illness Management and Recovery (IMR) *is a program of weekly sessions in which people can develop strategies for coping with mental illness and moving forward in their lives. The Illness Management and Recovery program strongly emphasizes helping people to set and pursue personal goals and to implement action strategies in their everyday lives. The research shows that people can show improvements in knowledge about mental illness; reduce relapses and rehospitalizations; cope more effectively and reduce distress from symptoms; and, use medications more effectively. With individual permission, families and other supporters can also become involved. The Trauma Recovery and Empowerment Model (TREM) of group education is available within an IMR program.*

Integrated dual diagnosis treatment (IDDT) *is for people with both substance abuse and mental illness diagnosis. Research has strongly indicated that to recover fully, a consumer with co-occurring disorders needs treatment for both problems -- focusing on one does not ensure the other will go away. Dual diagnosis services integrate assistance for each condition, helping people recover from both in one setting, at the same time. Dual diagnosis services include different types of assistance that go beyond standard therapy or medication and include: assertive outreach, job and housing assistance, family counseling, and money and relationship management. The consumer begins this personalized, long-term treatment at the stage they chose. Positivity, hope and optimism are at the foundation of integrated treatment.*

Supported Employment *is a well defined approach to helping people with a mental illness find and maintain competitive employment within their community. It is staffed by employment specialists who have frequent meetings with the treatment provider to integrate supported employment with mental health treatment services.*

Family Psychoeducation *involves a partnership among consumers, families, and practitioners to learn the elements surrounding a particular mental illness and the skills and approaches which help support Wellbeing. The Trauma Recovery and Empowerment Model (TREM) is a group educational program which is used to assist families in better recognizing trauma and in following the steps necessary to move from victim to survivor. NAMI's* ***Family-to-Family*** *is an EBP psychoeducational course which helps family members of adults with serious mental illness as is* ***Young Family Education Program for children and youth****. The 12-week course covers schizophrenia, major depression, subtypes of bipolar disorder, all the anxiety disorders, borderline personality disorder, and the dual disorder of drug addiction and mental illness. There are other programs with tested efficacy, but not in the ranks of an EBP. One of those is The BE SMART Trauma Reframing program. It is a specific example of a psychoeducational program based on the Murphy-Moller Wellbeing Model.*[12]

Consumer Operated Service Programs (COSP) *has just recently gained the approval as an EBP. A COSP is a peer-run service program that is owned, administratively controlled, and operated by consumers of mental health services and emphasizes self-help as its operational approach. The evidence base for COSPs is well established. Missouri's own Dr. Jean Campbell has been instrumental in moving this service forward to recognition. COSP operate from a recovery orientation and delivers services and supports in ways that facilitate and promote the process of Wellbeing and recovery.*

PROCOVERY® program *is a model of recovery the Division supports as a method of achieving recovery for people living with mental illness. This program completed a pilot phase in Missouri and is now becoming available to agencies statewide. Fidelity of this recovery program has been designed to track implementation at the grass roots level. One of the strengths of this program is engagement. The Procovery program offers succinct recovery principles and strategies that both providers of service and the people we serve are able to operationalize regardless of setting. The Procovery program was identified as a transformation tool for its forward-focused, hope-centered principles, and for its practical structure of concrete skills — but particularly in support of transformation goals because it provides a simple unified tool that crosses: 1) mental and physical diagnoses; 2) services, and settings; 3) staff-client-family-community boundaries, and 4) urban-rural geographies and cultures.*

Dialectical Behavioral Therapy (DBT) *is a treatment approach that has been determined to be EBP for individuals with disorders who have extreme difficulty in managing and regulating their emotions. . DBT is particularly helpful for individuals with a extensive history of suicidal thoughts and behaviors, or who engage self-injurious behaviors. Many of these clients also have borderline personality disorder. The central theme of DBT is that change can only happen once there is acceptance. DBT differs from other cognitive/behavioral treatments in that it*

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[12] *Archives of Psychiatric Nursing, Vol.20, No. 1 (February), 2006: pp 21-31).*

emphasizes: acceptance and validation of behavior; treating the behaviors that interfere with therapy; the importance of the therapeutic relationship - the dialectical process - engaging the client and therapist in a dialogue to promote change. CPS is now offering this training throughout Missouri.

Housing is not now an EBP in any aspect. *This is an area to be considered as a best or promising practice. Individuals must have the opportunity to have a home that is safe, welcoming and that provides a necessary sense of empowerment. There are program models that focu on housing as part of a unique and effective treatment approach for individuals who are difficult to engage in treatment, who have remained chronically homeless, and who have been traditionally seen as noncompliant, treatment resistant, and not ready for housing. The belief that recovery from mental illness is possible, that consumers can make competent choices and that housing is a fundamental human right is a core value of successful housing program models.*

FQHC/CMHC collaborative partnerships *are a best practice to insure people have both physical and behavioral health care when and where they need it. This partnership can also focus on prevention and stigma issues.*

Other Evidenced Based Practices *that have long been in place in Missouri include Psychiatric Rehabilitation (a technology developed by William Anthony that stresses the need to develop the functional skills and receive the environmental supports necessary for consumers to achieve their desired outcomes in the areas of housing, work, socialization and leisure), Social Learning (an intensive inpatient treatment model based on learning theory principles developed by Gordon Paul that focuses on individuals with some of the most profound behavioral challenges associated with severe and persistent mental illness). Additionally, there are Best/Promising practices that focus on helping consumers with antisocial personality disorder identify and challenge cognitions that predispose them to maladaptive and antisocial acts.*

OUTCOME AND OVERSIGHT

The intended outcome of a Wellbeing Treatment Culture is a change in how the way CPS and its providers "do business." It means viewing people from a different perspective. For people living with mental illness (children and their families) it should mean more choice, more support, and advanced implementation of their life plan and movement out of the system. People living with mental illness, families and youth would be heard easily, listened to, respect would be the normative standard, and their individual expertise about their own illness and personal needs would be recognized.

The American Association of Community Psychiatrists developed the Guidelines for Recovery Oriented Services.[13] *The guide is not only for outcome of individuals and their treatment but includes the movement of organizations and their movement to change.*

The Quality Domains are:

ADMINISTRATION:

MISSION AND VISION – STRATEGIC PLAN
ORGANIZATIONAL RESOURCES
TRAINING – CONTINUING EDUCATION
CONTINUOUS QUALITY IMPROVEMENT
OUTCOME ASSESSMENT
TREATMENT
ADVANCE DIRECTIVES
CULTURAL COMPETENCE
PLANNING PROCESS
INTEGRATION –ADDICTION AND MENTAL HEALTH
COERCIVE TREATMENT VS. CHOICE
SECLUSION AND RESTRAINT

SUPPORTS:

ADVOCACY AND MUTUAL SUPPORT
ACCESS FACILITATING PROCESSES
FAMILY SERVICES
EMPLOYMENT AND EDUCATION
HOUSING

CONSULTATION AND TECHNICAL ASSISTANCE

CPS is in the process of learning how to do prevention and treatment in a new way. Staff in all areas is involved in the changes that have begun. There are many areas that must maintain compliance with current billing practices and requirements under CMS and MoHealth Net. These systems have just begun a Wellbeing approach. There are subtle changes, but we will be in a position of following the guidelines and directions of these funding sources as they move toward prevention and recovery while continuing treatment and the documentation requirements. What we will be doing is learning how to incorporate Wellbeing approaches within individual choices. Many of our current services offer what people want. We will also

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[13] *Sowers, MD, Wesley : Transforming Systems of Care: The American Association of Community Psychiatrists Guidelines for Recovery Oriented Services: Community Mental Health Journal, Vol.41, No.1, February 2005 , DOI: 10.1007/s10597-005-2608-2.*

focus on additional support areas, including community and families. As a division and as a provider, there are limits. No one can deliver everything. Individuals and families do not expect this. They just want to be supported with their choices. What we can do is adjust the environment and the approach in which we deliver a service. Learning the engagement process *will be essential. Developing Peer Specialists to be part of the process will enhance both the approach and the environment. Inclusion of people with lived experience in the division will be a DMH focus.*

CPS will first focus on assisting those providers who request support and training in the EBP. As the system moves forward, consultation, support and technical assistance will be developed, and accessed as resources are developed. CPS hopes to develop partnerships and access local expertise. An example of a system outcome is the development of a Leadership Bureau. The Leadership Bureau is a variety of individuals who are interested in receiving system training, willing to advocate for Wellbeing services and be available to provide consultation. We will move into the certification process "gently" and in a gradual mode. The goal is inclusion on development of meaningful outcomes. The goal is the tracking of outcomes benefiting people and families living with mental illness. Stakeholder involvement and input is essential. The process of treatment delivery will be the first focus of an outcome review. The first question asked will be, "Was respect shown in the treatment process?" Recoupment of funds will ***NOT*** *be the focus of certification until all participating parties conclude the shift in culture has been accomplished . A system based on Wellbeing must be open to change when new evidence as to what works is available. Those individuals and families and youth who have experienced the special life of living with a mental illness will be our strongest consultants for implementing a changing system.*

The Division will review Consultation and Technical Assistance tools such as:

- Reference booklet of relevant research articles available on the web
- A PowerPoint presentation accessed on the web particular to this policy
- Administrative tools for policy development, board development, advisory development, etc.
- PowerPoint presentations available on multiple topics within this concept and named treatments
- Leadership Bureau of people with lived experience trained in specific topics and available regionally
- Self assessment tool (confidential) examining readiness and progress of recovery/resilience environment within an agency
- Development of Provider Champions: recognition of movement toward recovery/resilience culture
- Possible availability of division staff

As Dr. Campbell has shared during her consultation and review of the development of this policy, Wellbeing is not necessarily Recovery/Resilience. People recover but also, they can thrive. Dr. Campbell calls this a "Value-Added Construct". When the "consumer confronts and copes with mental illness . . . [and is engaged with wellness factors] . . . a transformation can occur behaviorally, cognitively, [and] emotionally."

Wellbeing, wellness, recovery, resilience can mean different things. This policy is written to encompass the processes needed for individuals to thrive and as a tool for providers and consumers as they partner for this treatment culture shift.

"Understanding the concept and process of thriving can provide an important basis for theoretical development, empirical research, and service interventions." Jean Campbell, Ph.D., "Towards an Understanding of Recovery," presentation, COSP initiative, MIMH